

**DIVISION OF LICENSING AND REGULATORY SERVICES
CERTIFICATE OF NEED APPLICATION
PROPOSAL FORMAT FOR NURSING FACILITY PROJECTS**

INTRODUCTION

The purpose of this guide is to help an applicant present information organized in accordance with the determinations required by the Maine Certificate of Need Act (22 MRSA c.103-A, §326 et seq.)

This guide identifies the major sections of the proposal format, how the sections relate to the required determinations, the considerations the Department must address, the specific information required for certain types of projects, the information the Certificate of Need Unit may want addressed, and recommendations and suggestions for the applicant.

This guide is intended to complement the rules for nursing facilities, which may be found at: <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>, Chapter 10 149 Chapter 5, Section 70 A complete copy of the Manual is available from the Certificate of Need Unit.

For more information please contact the Division of Licensing and Regulatory Services, Certificate of Need Unit.

Certificate of Need Unit
Division of Licensing and Regulatory Services
State House Station 11
Augusta. Maine 04333
Telephone: (207) 287-5005

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GENERAL INFORMATION

Upon a determination by the Department that a certificate of need is required for a proposed expenditure or action, an application for a certificate of need shall be filed with the Certificate of Need Unit in accordance with this proposal format. Prior to filing a formal application for a certificate of need, the applicant is required to meet with Department staff in order to receive technical assistance concerning the nature, extent and format of the documentary evidence, statistical data and financial data required for the Department to evaluate the proposal.

The Certificate of Need Unit relies on the technical assistance meeting and subsequent communications with the applicant to determine what information is necessary to analyze a specific proposal.

Applicants should provide responses to all information items contained in the proposal format, unless clearly not applicable or upon instruction of the Department. This is not an exhaustive list and the Department may require additional information.

A signed original and one copy of each application and, similarly, two copies of any subsequent information submissions should be submitted to the Certificate of Need Unit at the address noted above. The Certificate of Need Unit will also request a copy of the proposal in electronic format. In some instances additional copies may be required when other units of state government are involved in the review process. For example, some projects may require input from the Maine Center for Disease Control and Prevention, or the Maine Quality Forum.

It is suggested that the signed original and the copies be "loose-leaf bound" and clasped by a method OTHER THAN a 3-ring binders. The Department does not have filing systems that will accommodate 3-ring binders.

Please paginate the proposal. Headers or footers that identify the applicant, title of the proposal, and the date of submission as well as a page number are helpful. Please identify each section of the application clearly.

Before submitting electronic copies, please contact the Certificate of Need Unit prior to assure compatibility. Paper copies are still necessary.

Files formatted for Microsoft Word and Microsoft Excel are preferred. If you use a different file format, please contact the Department prior to submission.

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PROPOSAL FORMAT

The proposal format includes the following:

- . Signature Page.
- . Section I. Profile of the Applicant
- . Section II. Project Description
- . Section III. Proposed Capital Expenditures and Availability of Capital Financing;
- . Section IV. Needs to be Addressed
- . Section V. Staffing, Financial Feasibility and Economic Feasibility
- . Section VI. Alternatives Considered
- . Section VII. Compliance with Rules and Regulations of Local, State and Federal Agencies
- . Section VIII. Relationship to the State Health Planning Documents and Other Related Plans

Staff analysis addresses each of these Sections in the preliminary staff report and preliminary recommendations.

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SIGNATURE PAGE

The first page of any proposal shall be the signature page and shall contain the following information:

1. Project Title;
2. Applicant Name, Address, and Telephone;
3. Contact Person's Name, Address, and Telephone;
4. Authorized Official's Dated Signature, Name and Title.

The application shall be signed and dated by an authorized official of the applicant.

The following format is recommended:

PROJECT TITLE:_____

APPLICANT NAME:_____ TELEPHONE_____

ADDRESS:_____

CONTACT PERSON: NAME:_____ TELEPHONE_____

ADDRESS:_____

SIGNATURE DATE_____

NAME/TITLE (Typed)

ORGANIZATION (Typed)

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SECTION I: PROFILE OF THE APPLICANT

Purpose

The primary purpose of this section is to describe the applicant's qualifications to develop and implement the proposal. The information enables the Department to determine whether the applicant is fit, willing and able to implement the proposal at the proper standard of care.

The Department may consider the qualifications and experience of principal health and managerial personnel to implement the proposal, the relationship, including the organizational relationship, of the proposed services to other services of the applicant, the quality of care provided by the applicant and/or key health and managerial personnel, and the qualifications, experience and ability of any managing entity other than the applicant.

Required Information

Information in this section shall include:

1. The name and principal address of the applicant;
2. The type of legal organization of the applicant (nonprofit/proprietary corporation/partnership, etc);
3. The names and qualifications of the principals, directors, administrators and key individuals involved in the project;
4. An organizational chart of the applicant;
5. The names, locations, and relationships of all affiliated entities;
6. The current capacity (for example the number of licensed beds or full time equivalents) of the applicant;
7. A listing of all health care facilities and services in which the applicant, one of its principals, or an affiliate has been involved within the previous twenty-four months.
8. Current licenses, accreditations and certifications of the applicant;
9. State licensing "Statements of Deficiencies" and site visit reports from the previous two years for all licensed facilities and services in which the applicant, one of its principals, or an affiliate has been involved;
10. Copies of any adverse licensing actions against the applicant, i.e. civil monetary penalties, directed plans of correction, etc., during the previous two years; and
10. Copy of any applicable management agreement.

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SECTION II: PROJECT DESCRIPTION

Purpose

The primary purpose of this section is to describe the proposal in enough detail to determine whether there is a public need for the proposed services or expenditure, whether the services will be provided at the proper standard of care, whether the services will be accessible to all residents of the area proposed to be served, and whether the project will provide demonstrable improvements in quality and outcome measures applicable to the services proposed.

Required Information

All proposals shall provide the following information:

1. A concise summary of the project, including the services/procedures to be provided;
2. The location of the proposed project or geographic area to be served;
3. The anticipated benefits associated with the proposed project;
4. A three-year implementation plan and schedule;
5. A description of the population(s) to be served (demographics, distinguishing characteristics);
6. The quality assurance measures to be utilized;
7. Any equipment under consideration;
8. A comparison of any new equipment to that currently in use (if applicable);
9. Description of any construction involved
 - a. Indication of whether remodel/renovation, addition/expansion, new/replacement;
 - b. The type of construction (single/multiple story; foundation/floor structure, framing/siding, roof structure. etc.);
 - c. The dimensions of the current and proposed facility (gross/net square feet by facility, by department, etc.);
10. Two copies of single line schematic plans drawn to scale (preferably 1/8" to 1") with all areas properly identified (if applicable);
11. In the case of construction on a new site, a deed, purchase and sale agreement, option or lease agreement;
12. The existing licensed bed complement by type/level (if applicable);
13. The proposed new licensed capacity by type/level (if applicable);
14. The manner in which the change will occur (add capacity, delete, convert from other use, move from another site, etc.) (if applicable); and
15. Citation of state/federal/professional standards applicable to the project.

Additional Information

The Department may require the applicant to provide a complete set of legible drawings showing all construction, fixed equipment (including name and model as supplied by the manufacturers), and mechanical and electrical systems proposed to be installed or built.

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SECTION III: PROPOSED CAPITAL EXPENDITURES AND AVAILABILITY OF CAPITAL FINANCING

Purpose

The primary purpose of this section is to demonstrate that projects involving capital expenditures, long term financing or need for working capital are reasonable and appropriate, that the applicant has the capital financing and working capital available to implement the project, whether there are less costly or more effective alternatives, and whether the project is financially feasible in both an intermediate and long-term time frame.

Required Information

Information in this section shall include, as applicable:

1. An itemized list of all costs related to this project which will be capitalized in accordance with Generally Accepted Accounting Principles and might include, but not be limited to, the costs of land, land improvements, buildings, fixed equipment, movable equipment, furniture and fixtures, capitalized interest during construction and capitalized legal, accounting, engineering and architects' fees (see accompanying Proposed Capital Expenditure Schedule);
2. The basis for each of the capital costs related to the project (for example, architect, contractor or vendor quotes);
3. Schedules for fixed and movable equipment detailing unit cost, total cost, and basis for depreciation expense;
4. If applicable, subsidiary schedules allocating costs to various segments of the project and the basis for these allocations;
5. Evidence of the availability of capital financing such as financial statements as evidence of equity or commitment letters from external sources of capital;
6. Evidence of the availability of working capital; and
7. The terms of any proposed long term financing.

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SECTION IV: NEEDS TO BE ADDRESSED

Purpose

The primary purpose of this section is to demonstrate the need for the proposed project and determine whether there will be unnecessary duplication.

Required Information

Information in this section shall include:

1. The current and historical facility/service use patterns;
2. A three-year projection of both need and demand in the geographic area to be served;
3. The current system's capacity to meet projected need and demand;
4. The extent to which the project will meet projected need and demand;
5. The basis for these projections;
6. Discussion of deficiencies and/or waivers related to licensing, certification, accreditation and/or liability coverage that will be resolved due to the project, if applicable; and
7. Generally recognized and accepted need determination methods and/or standards on quality of care.

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SECTION V: STAFFING, FINANCIAL FEASIBILITY AND ECONOMIC FEASIBILITY

Purpose

The primary purpose of this section is to demonstrate that the proposed project can be adequately staffed and will be both financially and economically feasible.

The information will allow a determination that the economic feasibility of the proposed services is demonstrated in terms of: effect on the existing and projected operating budget of the applicant; the applicant's ability to establish and operate the facility or services in accordance with licensure regulations promulgated under pertinent State laws; and the projected impact on the facility's costs and rates and the total health care expenditures in the community and the State.

Required Information

Information in this section shall include:

1. The proposed staffing plan, staff qualifications, estimates of full-time equivalent units (hours, weeks, etc.) of work, anticipated rates of pay, gross payroll and fringe benefits, arriving at the total annual payroll cost applicable to the project, and the estimation for the first three years of operation;
2. Evidence that sufficient, adequately trained staff are available to provide proposed services;
4. A three-year projection of operating and non-operating expenses and revenues that, if applicable, disclose the impact of the proposal on the applicant organization and its patient charge structure as a whole. The projection shall contain sufficient detail to determine the incremental costs/savings to the applicant specifically related to the project;
5. Copies of audited financial statements and/or cost reports (including "as filed" for any cost report for the most recent filing period even if not audited) prepared for Title XVIII and/or XIX reimbursement for at least the last two fiscal years or for the period of time the institution has been in operation if less than two years, and consolidated financial statements, where applicable;
6. If a proposal involves services to be reimbursed by state or federal funds, the application shall include pro forma Medicaid and/or Medicare cost reports or equivalent for the first two operating years;
7. If the proposed capital expenditure is in excess of five million dollars, the application shall include a preliminary or full-scope financial feasibility study conducted by an independent certified public accountant; all assumptions applicable and sources of data used in preparing the financial projections shall be disclosed.
8. If a proposal involves the transfer of ownership, the application shall demonstrate compliance with Publication 34, "An Act to Save Medicaid Funds by Expanding the Ability of the Department of Human Services to Recover Funds from Prior Owners of Boarding and Nursing Homes". (22 MRSA §1714):

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- a. The former provider does not owe the Department any debts;
 - b. Sufficient cash will be available prior to or at closing to pay any debts owed to the Department by the former provider as a result of overpayments, recapture of depreciation, assessment of fines and sanctions, or projected overpayments;
 - c. If the indebtedness is the subject of an administrative appeal, an escrow account has been created and funded in an amount sufficient to cover the debt as claimed by the Department;
 - d. If an interim cost report has been filed with the Department, an escrow account has been created and funded in an amount sufficient to cover any overpayment identified in such a report;
 - e. If an interim cost report has not been filed with the Department, an escrow account has been created and funded in an amount sufficient to cover 5% of Medicaid reimbursement for the last fiscal year or \$50,000, whichever is less; or
 - f. The impact of transferring the liability for the debt owed to the Department from the former provider to the transferee.
9. If the transaction is subject to recapture of depreciation, the application shall present a computation of the recapture of depreciation due the Department consistent with the Medicaid Principles of Reimbursement and demonstrate the availability of sufficient cash at closing for the former provider to retire such debt.

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SECTION VI: ALTERNATIVES CONSIDERED

Purpose

The primary purpose of this section is to demonstrate whether there are less costly alternatives or more effective methods of providing the proposed services; and the availability of alternative uses of the resources for the provision of other health services.

Required Information

There are no specific information requirements associated with this section.

Additional Information

Information may include:

1. A description of the program and facility alternatives considered as possible responses to the demonstrated need and the rationale that led to their rejection, resulting in this proposed project;
2. A description of the extent and nature of your consultation and joint planning with other facilities and service groups in the community or service area;
3. A discussion of any potential conflict or duplication between the proposed project and current or proposed projects of others in the service area; and
4. The effect on competition.

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**SECTION VII: COMPLIANCE WITH RULES AND REGULATIONS OF LOCAL, STATE AND
FEDERAL AGENCIES**

Purpose

The primary purpose of this section is to present information demonstrating that the proposal will be implemented at the proper standard of care.

The information enables the Department to determine the applicant's ability to establish and operate the facility or services in accordance with licensure regulations promulgated under pertinent municipal, state and federal laws; and helps the Department to determine that the applicant is fit, willing and able to provide the proposed services at the proper standard of care.

Required Information

Information in this section shall include:

1. Evidence that the proposed project will meet licensure, Medicare and/or Medicaid certification requirements and other applicable licensure, certification or accreditation requirements; and
2. Evidence that the proposed project will conform to applicable zoning requirements, environmental protection regulations, and other applicable municipal, State and Federal ordinances, statutes and regulations.
3. Evidence that the proposed project will be consistent with professional standards and guidelines.

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SECTION VIII: RELATIONSHIP TO STATE PLANNING DOCUMENTS

Purpose

The primary purpose of this section is to demonstrate that the proposed project is consistent with State health planning documents and other related plans.

The information enables the Department to determine that the proposed services are consistent with the orderly and economic development of health facilities and health resources for the State and are in accordance with standards, criteria or plans adopted by the Department or other units of State government.

Required Information

There are no specific information requirements associated with this section.

Additional Information

Information in this section may include:

1. A description of the relationship between this proposal and applicable standards, criteria or plans contained in State health planning documents, if applicable; and
2. A description of the relationship-between this proposal and applicable standards, criteria or plans contained in other State policy and/or planning documents.

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SECTION IX: TIMELY NOTICE

Purpose

The primary purpose of this section is to confirm that the applicant has provided sufficient notice of its intent to implement the proposal.

The information enables the Department to determine that timely notice has been given.

Required Information

Required information includes:

1. A certification of whether the applicant has incurred an obligation for the proposed capital expenditure or predevelopment activities to date;
2. If predevelopment activities are in progress, the total obligations/expenditures to date.

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SECTION X: FINDINGS AND RECOMMENDATIONS

Purpose

The primary purpose of this section is to present the Department's findings and preliminary recommendation regarding the project under review.

The Department presents its findings concerning whether or not:

1. The applicant is fit, willing and able to implement the proposal at the proper standard of care;
2. There is a public need for the proposed services;
3. That economic feasibility of the proposed services is demonstrated in terms of effect on the existing and projected operating budget of the applicant, the applicant's ability to establish and operate the facility or services in accordance with licensure rules adopted under pertinent state laws, the projected impact on the facility's costs and rates, the total health care expenditures in the community and the state, and the availability of state funds;
4. That the proposed services are consistent with the orderly and economic development of health facilities and health resources for the state, that the citizens have the ability to underwrite the additional costs of the proposed services and that the proposed services are in accordance with standards, criteria or plans adopted and approved pursuant to the state health plan developed by the Department.
5. Timely notice appears to have been given.

Based upon its findings the Division makes its preliminary recommendation concerning the proposed project. There are three recommendations that may be made:

1. Approval,
2. Conditional Approval, or
3. Disapproval

Required Information

There are no specific information requirements associated with this section.

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ADDITIONAL CONSIDERATIONS

Throughout the proposal whenever appropriate, the applicant should provide information on aspects of the proposed project that may warrant special consideration.

The information may help the Department in making any of the determinations listed in the previous sections of this Guide.

The Department may consider:

1. The special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in health service areas in which the entities are located or in adjacent health service areas;
2. The need for utilizing new technological developments on a limited experimental basis in the absence of sufficient data to establish the need for the services;
3. The gains that may be anticipated from innovative measures in the organization, financing and delivery of health care and the development of comprehensive services for the community to be served; and
4. The special needs and circumstances of persons with Alzheimer's and related dementias in order to assess the applicability of new standards for Alzheimer's units.
5. For any facility located within 30 miles of the State border, the gains that may be anticipated from the ability to attract health care consumers from out-of-state and the ability to provide health care for Maine citizens who formerly had to obtain that care out-of-state;

Review Questions

The types of questions that the Division is asking include:

1. Will this project propose to utilize newly developed technology or techniques wherein experiential data is unavailable for evaluation?
2. Has data been developed in other areas of the country or world that might be applicable to review of this project?
3. Does the applicant express intent to gather, maintain or share data and information regarding this project?
4. Has the applicant demonstrated a project approach that could be viewed as innovative or non-traditional?
5. Has the applicant incorporated state standards for Alzheimer's units?

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6. Has the applicant justified this approach as necessary or as an improvement potentially over traditional approaches?
7. Does the applicant indicate the nature of any advantage gained through the innovation to patient care, finance, resources use, or community service? What are the applicant's incidence and/or prevalence rates for pressure ulcers, restraint use, depression, or other quality of care measures, and what plans has/will the applicant implement to reduce the rates to acceptable levels, if necessary.
8. Does this project have potential for contribution toward total health knowledge through research?
9. Does the applicant intend to utilize acceptable research techniques to develop and share new knowledge gained?
10. Will the applicant cooperate with such other projects through information sharing?
11. Has the applicant modified the proposal to respond to the unique needs of the population to be served, such as disease trends, minority requirements, ethnicity, cultural bias, and geographic influences?
12. Has the applicant obtained letters of support and/or cooperation from area facilities?
13. Does the federal government express support for the proposal and willingness to fund the project?

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MAINE CERTIFICATE OF NEED MANUAL
IMPLEMENTATION REPORT

MAINE DEPARTMENT OF HUMAN SERVICES

Certificate of Need Unit

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General Instructions

The following sequences of instructions have been designed to provide you with assistance in filling out the attached Implementation Report which includes the Approved Certificate of Need Capital Expenditure Budget.

1. Project Title - insert the name of the project for which the Certificate of Need was granted.
2. Sponsor - insert the applicant's name, address and telephone number.
3. Contact Person - insert the name of the person having information and knowledge about the contents of the implementation report and approved C.O.N. capital expenditure budget.
4. Date Certificate of Need Issued - indicate the date of the Certificate of Need approval letter.
5. Date of Previous Implementation Report(s) Relating to this Project - list the dates of implementation reports you previously submitted related to this project. Place the word 'FIRST,' in this space if this is your initial report submission.
6. Name and Source of Financing - provide the name of the organization or institution providing the financing for this project.
7. Amount Financed/Terms - indicate amount financed and the terms of the financing, including interest rates and whether or not it is a fixed, variable or other type of rate.
8. Equity Contribution - indicate source of equity and its form (i.e. Stock Sales.. funded depreciation contributions, etc.).
9. Date of Financing - indicate the date financing will begin in relationship to this project.
10. Numbers of Staff Recruited - indicate numbers of staff and positions successfully recruited for this project.'
11. Staff Training Sessions - indicate dates, names of training sessions given during this reporting period in relationship to this project.
12. Service Delivery Contract(s) - enter here the organization or individual name and effective date of any contracts entered into for services, during this reporting period.
13. Date of Licensure - provide the. date of licensure or change in licensure issued by Department of Human Services.
14. Date Service(s) Offered - enter here the date(s) you actually began offering services.
15. Number Patients Seen - enter the number oil patients seen relative to this project for this reporting period.

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16. Number Procedures Performed - enter the number and type of procedures performed relative to this project, during this reporting period.
17. Depreciation Schedule

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IMPLEMENTATION REPORT

DATE: _____

REPORT PERIOD: _____

I. PROJECT TITLE _____

II. SPONSOR: NAME _____ TELEPHONE _____

ADDRESS: _____

III. CONTACT PERSON: NAME _____ TELEPHONE _____

ADDRESS: _____

IV. DATE CEPTIFICATE OF NEED ISSUED _____

V. DATE(S) OF PREVIOUS IMPLEMENTATION REPORT(S) RELATING TO DHHS PROJECT

VI. FINANCING COMMTTMENT:

a. NAME AND SOURCE _____

b. AMOUNT FINANCED/TERMS _____

c. DATE OBLIGATION ENTERED _____

VII. EQUITY CONTRIBUTION

a. DATE MADE _____

b. AMOUNT _____

c. SOURCE/SALE OF STOCK,

d. FUNDED DEPRECIATION,

e. PUBLIC CONTRIDUTIONS, ETC. _____

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- VIII. NUMBER(S) OF STAFF RECRUITED _____
- IX. STAFF TRAINING SESSION _____

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X. DATE(s) OF SERVICE DELIVERY CONTRACT (ARRANGEMENT(S)) _____

XI. DATE(S) OF LICENSURE(S) _____

XII. DATE SERVICE(S) OFFERED _____

XI. NO. PATIENTS SEEN: MONTHS 1-3 _____ PROCEDURES PERFORMED: MONTHS 1-3 _____

PER DIEM COST: MONTHS 1-3 _____ PER PROCEDURE COST: MONTHS 1-3 _____

XIV. DEPRECIATION SCHEDULE

XV. CON APPROVED

			ANNUAL	ACTUAL	
	<u>COST</u>	<u>LIFE</u>	<u>DEPREC.</u>	<u>COST</u>	<u>LIFE</u>

BUILDING

EQUIPMENT

XV. ADDITIONAL ACTIVITIES

XVI. DATE FULL IMPLEMENTATION ACHIEVED

XVII. COMMENTS

SIGNATURE

DATE

TITLE/ORGANIZATION